

MDR Tracking Number: M5-04-1379-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on January 16, 2004.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. The office visits with manipulation, electrical stimulation, hot/cold pack therapy, neuromuscular re-education, myofascial release, and therapeutic activities that were denied with "U" from 04-04-03 through 04-21-03 were found to be medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 12, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Neither the requestor nor the respondents submitted EOB's for the services noted on the table below. Since the carrier did not provide a valid basis for the denial of these services the dates of service prior to 08-01-03 listed below will be reviewed in accordance with 1996 MFG and the dates of service after 07-31-03 listed below will be reviewed in accordance with Rule 134.202. However, the requestor failed to provide a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304. The requestor didn't provide convincing evidence of carrier receipt of the provider request for an EOB in accordance with rule 133.307(e)(2)(A)&(B), therefore reimbursement is not recommended for services listed on table below.

DOS	CPT CODE	Billed	Paid	EOB Denial Code
03-10-03	99213-MP 97032 97010	\$48.00 \$22.00 \$22.00	\$0.00	No EOB's
04-14-03	99213-MP	\$48.00	\$0.00	No EOB's
04-16-03	97530	\$105.00	\$0.00	No EOB's
05-05-03	97530	\$105.00	\$0.00	No EOB's
5-08-03	99213 97032 97530	\$48.00 \$22.00 \$105.00	\$0.00	No EOB's
05-12-03	97530	\$105.00	\$0.00	No EOB's
05-15-03	97530	\$105.00	\$0.00	No EOB's
05-19-03	97530	\$105.00	\$0.00	No EOB's
05-22-03	97012 99213-MP 97530	\$22.00 \$48.00 \$105.00	\$0.00	No EOB's
05-30-03	97530 97012	\$105.00 \$22.00	\$0.00	No EOB's
06-02-03	97530	\$105.00	\$0.00	No EOB's
06-12-03	97530	\$105.00	\$0.00	No EOB's
06-17-03	97530	\$105.00	\$0.00	No EOB's
07-30-03	99213-MP 97032	\$48.00 \$22.00	\$0.00	No EOB's
08-01-03	99213-MP 97032 97010	\$48.00 \$22.00 \$22.00	\$0.00	No EOB's
08-06-03	99213-MP 97032 97010	\$48.00 \$22.00 \$22.00	\$0.00	No EOB's
08-04-03	99213 97032 97010	\$62.81 \$22.00 \$22.00	\$0.00	No EOB's
08-13-03	97530	\$105.00	\$0.00	No EOB's
08-15-03	97530 97032	\$105.00 \$22.00	\$0.00	No EOB's
TOTAL			2049.81	

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 04-04-03 through 04-21-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 22nd day of October 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

March 11, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-1379-01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
Office and Chiropractic notes
Procedure notes
Radiology report

Clinical History:

This 30-year-old female injured her lower back on _____. She waited approximately 3 months before presenting for care, and had received not only chiropractic spinal adjustments, but also physical therapy and injections.

Disputed Services:

Office visits w/manipulation, electrical stimulation, hot/cold pack therapy, neuromuscular re-education, myofascial release, and therapeutic activities, during the period of 04/04/03 through 04/21/03 (excluding 04/14/03 and 04/16/03).

Decision:

The reviewer disagreed with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

The medical records submitted well document that this patient was seen by a number of doctors, both medical and chiropractic. Further, the dates in question fall well within a reasonable time frame from the injury and prior to her being declared at MMI, as the designated doctor did not aver so until December of that year. Therefore, the documentation submitted sufficiently establishes that the care was reasonable and medically necessary.

Sincerely,